



# QUEEN OF APOSTLES CATHOLIC SCHOOL

*FAITH | EXCELLENCE | JOY*

## PRESCHOOL INFORMATION REQUEST

(This form is to be filled out by child's teacher.)

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Class Level (Pre-K, etc.): \_\_\_\_\_

Readiness Test Administered (if any): \_\_\_\_\_

Test Performance Rating (if applicable): \_\_\_\_\_

Attendance Record: \_\_\_\_\_

**Please check the boxes below you feel best apply to this student:**

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Maturity (for age)			
Attention span (for age)			
Follows directions			
Expresses ideas orally			
Speaks in full sentences			
Matches quantity to numbers (1-5)			
Enjoys learning			
Stays on task			
Self confidence			
Takes care of physical needs			
Small motor skills			
Gross motor skills			
Gets along with peers			

**Please comment on any other aspects that you feel are important:**

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**In your opinion, do you feel this student is ready for Kindergarten? (Please check appropriate rating.)**

Very strongly recommend    Confidently recommend    Recommend with reservations    Do not recommend

Signature of Teacher: \_\_\_\_\_

Date: \_\_\_\_\_